



OPERATIONAL MEMO

TITLE:	HOME AND COMMUNITY-BASED SERVICES (HCBS) AMERICAN RESCUE PLAN ACT RATE INCREASES
SUPERSEDES NUMBER:	OM 21-071
EFFECTIVE DATE:	NOVEMBER 4, 2021
DIVISION AND OFFICE:	BENEFITS & SERVICES MANAGEMENT DIVISION, OFFICE OF COMMUNITY LIVING
PROGRAM AREA:	HCBS SERVICES
KEY WORDS:	BENEFITS AND SERVICES, HOME AND COMMUNITY-BASED SERVICES, HCBS, RATE INCREASES, ADULT DAY, DAY HABILITATION, SCC, NMT, SUPPORTED EMPLOYMENT, HOMEMAKER, IHSS, MENTORSHIP, PERSONAL CARE, PREVOICATIONAL SERVICES, RESPITE CARE, ACF, SLP, ARPA
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Purpose and Audience:

The purpose of this Operational Memo is to provide updated information to Alternative Care Facilities (ACF), Supported Living Program (SLP), Non-Medical Transportation (NMT) providers and case management agencies (CMAs) on temporary rate increases using Home and Community-Based Services (HCBS) American Rescue Plan Act (ARPA) funding. This updated memo provides additional billing instructions to ACF and SLP providers that was not included in the prior version of this memo. The memo also addresses the implementation of billing for NMT increased rates. The service, corresponding rate increase, and instructions on how to receive the increase are found below. Updates to the information are bolded and italicized.

This funding is part of an overarching effort to leverage the HCBS ARPA funds to stabilize and increase the direct care workforce. The purpose of this funding is to support hiring and retention efforts.

Information:

Below is information on the services for which the temporary rate increases apply, as well as instructions on how to bill.

A 2.11% increase will be applied retroactively to April 1, 2021 and will be in effect through March 31, 2022.

- **All corresponding rates for the applicable time frames can be accessed on the Fee Schedules. Please note:**
- **April 1, 2021 – June 30, 2021 has a 2.11% increase applied**
- **July 1, 2021 forward rates received a 2.5% across the board increase, then the 2.11% increase was applied.**

Please review the “HCBS American Rescue Plan (ARPA) Rate Schedule,” located on the Department’s [Fee Schedules](#) web page to determine the appropriate rate to bill.

Questions regarding this guidance can be sent to HCPF_HCBS_Questions@state.co.us.

**Home and Community-Based Service Waiver Benefits Temporary Rate
Changes
Effective April 1, 2021 through March 31, 2022**

Service	Unit Type	Impacted Code
Adult Day Services - Members enrolled in the Brain Injury (BI) Waiver	Tier 1, 15 Minute Unit Tier 2, 2+ Hours	S5100, U6 S5102 U6
Adult Day Services - Members enrolled in the Community Mental Health Services (CMHS) Waiver	Tier 1, 15 Minute Unit Basic, ½ Day Specialized, ½ Day	S5100 UA S5105 UA S5105 UA, TF
Adult Day Services - Members enrolled in the Elderly, Blind, or Disabled (EBD) Waiver	Tier 1, 15-Minute Unit Basic, ½ Day Specialized, ½ Day	S5100 U1 S5105 U1 S5105 U1, TF
Adult Day Services - Members enrolled in the Spinal Cord Injury (SCI) Waiver	Tier 1, 15-Minute Unit Basic, ½ Day Specialized, ½ Day	S5100 U1, SC S5105 U1, SC S5105 U1, SC, TF
<i>Alternative Care Facility (ACF) - Members enrolled in the Elderly, Blind, or Disabled (EBD) Waiver</i>	<i>Day</i>	<i>T2031, U1, TU</i>
<i>Alternative Care Facility (ACF) - Members enrolled in the Community Mental Health Services (CMHS)</i>	<i>Day</i>	<i>T2031, UA, TU</i>
Community Connector – Members enrolled in the Children’s Habilitation Residential Program (CHRP) Waiver	15 Minute Unit	H2021 U9
Community Connector– Members enrolled in the	15 Minute Unit	H2021 U7

Children's Extensive Supports (CES) Waiver		
Homemaker –Members enrolled in the Elderly, Blind, or Disabled (EBD) Waiver	15 Minute Unit	S5130 U1
Homemaker –Members enrolled in the Community Mental Health Services (CMHS) Waiver	15 Minute Unit	S5130 UA
Homemaker –Members enrolled in the Spinal Cord Injury (SCI) Waiver	15 Minute Unit	S5130 SC
Homemaker –Members enrolled in the Supported Living Services (SLS) Waiver	Basic, 15 Minute Unit Enhanced, 15 Minute Unit	S5130 U8 S5130 U8, 22
Homemaker –Members enrolled in the Children's Extensive Supports (CES) Waiver	Basic, 15 Minute Unit Enhanced, 15 Minute Unit	S5130 U7 S5130 U7, 22
In-Home Support Services (IHSS) - Members enrolled in the Elderly, Blind, or Disabled (EBD) Waiver	IHSS-Health – Maintenance, 15 Minute Unit IHSS Homemaker, 15 Minute Unit IHSS-Personal Care, 15 Minute Unit IHSS-Relative Personal Care, 15 Minute Unit	H0038 U1 S5130 U1, KX T1019 U1, KX T 1019 HR, KX
In-Home Support Services (IHSS) - Members enrolled in the Spinal Cord Injury (SCI)	IHSS-Health Maintenance, 15 Minute Unit IHSS-Homemaker, 15 Minute Unit IHSS-Personal Care, 15 Minute Unit	H0038 U1 SC S5130 U1, SC, KX T1019 U1, SC, KX T1019 U1, SC, HR, KX

	IHSS-Relative Personal Care, 15 Minute Unit	
Mentorship – Members enrolled in the Children’s Habilitation Residential Program (CHRP) Waiver	15 Minute Unit	H2021 U9, HI, HM
Mentorship – Members enrolled in the Supported Living Services (SLS) Waiver	15 Minute Unit	H2021 U8
Non-Medical Transportation (NMT) – Members enrolled in the Brain Injury (BI) Waiver	<p>Adult Day Service NMT - Mobility Van Mileage Band 1 Mileage Band 2 Mileage Band 3</p> <p>Adult Day Service NMT - Wheelchair Van Mileage Band 1 Mileage Band 2 Mileage Band 3</p> <p>NMT - Mobility Van Mileage Band 1 Mileage Band 2 Mileage Band 3</p> <p>NMT - Wheelchair Van Mileage Band 1 Mileage Band 2 Mileage Band 3</p>	<p>A0120 U6, HB A0120 U6, TT, HB A0120 U6, TN, HB</p> <p>A0130 U6, HB A0130 U6, TT, HB A0130 U6, TN, HB</p> <p>A0120 U6 A0120 U6, TT A0120 U6, TN</p> <p>A0130 U6 A0130 U6, TT A0130 U6, TN</p>
Non-Medical Transportation – Members enrolled in the Community Mental Health Services (CMHS) Waiver	Adult Day Service NMT - Mobility Van Mileage Band 1 Mileage Band 2 Mileage Band 3	<p>A0120 UA, HB A0120 UA, TT, HB A0120 UA, TN, HB</p>

	<p>Adult Day Service NMT - Wheelchair Van Mileage Band 1 Mileage Band 2 Mileage Band 3</p> <p>NMT - Mobility Van Mileage Band 1 Mileage Band 2 Mileage Band 3</p> <p>NMT - Wheelchair Van Mileage Band 1 Mileage Band 2 Mileage Band 3</p>	<p>A0130 UA, HB A0130 UA, TT, HB A0130 UA, TN, HB</p> <p>A0120 UA A0120 UA, TT A0120 UA, TN</p> <p>A0130 UA A0130 UA, TT A0130 UA, TN</p>
<p>Non-Medical Transportation – Members enrolled in the Developmental Disabilities (DD) Waiver</p>	<p>Mileage Band 1 Mileage Band 2 Mileage Band 3</p>	<p>T2003 U3 T2003 U3, 22 T2003 U3, TF</p>
<p>Non-Medical Transportation – Members enrolled in the Elderly, Blind, or Disabled (EBD) Waiver</p>	<p>Adult Day Service NMT - Mobility Van Mileage Band 1 Mileage Band 2 Mileage Band 3</p> <p>Adult Day Service NMT - Wheelchair Van Mileage Band 1 Mileage Band 2 Mileage Band 3</p> <p>NMT - Mobility Van Mileage Band 1 Mileage Band 2 Mileage Band 3</p> <p>NMT - Wheelchair Van Mileage Band 1</p>	<p>A0120 U1, HB A0120 U1, TT, HB A0120 U1, TN, HB</p> <p>A0130 U1, HB A0130 U1, TT, HB A0130 U1, TN, HB</p> <p>A0120 U1 A0120 U1, TT A0120 U1, TN</p> <p>A0130 U1</p>

	Mileage Band 2 Mileage Band 3	A0130 U1, TT A0130 U1, TN
Non-Medical Transportation – Members enrolled in the Spinal Cord Injury (SCI) Waiver	<p>Adult Day Service NMT - Mobility Van Mileage Band 1 Mileage Band 2 Mileage Band 3</p> <p>Adult Day Service NMT - Wheelchair Van Mileage Band 1 Mileage Band 2 Mileage Band 3</p> <p>NMT - Mobility Van Mileage Band 1 Mileage Band 2 Mileage Band 3</p> <p>NMT - Wheelchair Van Mileage Band 1 Mileage Band 2 Mileage Band 3</p>	<p>A0120 U1, SC, HB A0120 U1, SC, TT, HB A0120 U1, SC, TN, HB</p> <p>A0130 U1, HB A0130 U1, TT, HB A0130 U1, TN, HB</p> <p>A0120 U1, SC A0120 U1, SC, TT A0120 U1, SC, TN</p> <p>A0130 U1, SC A0130 U1, SC, TT A0130 SC, U1, TN</p>
Non-Medical Transportation – Members enrolled in the Supported Living Services (SLS) Waiver	Mileage Band 1 Mileage Band 2 Mileage Band 3	T2003 U8 T2003 U8, 22 T2003 U8, TF
Personal Care - Members enrolled in the Elderly, Blind, or Disabled (EBD) Waiver	Personal Care, 15 Minute Unit Personal Care-Relative, 15 Minute Unit	T1019 U1 T1019 U1, HR
Personal Care - Members enrolled in the Community Mental	Personal Care, 15 Minute Unit	T1019 UA T1019 UA, HR

Health Services (CMHS) Waiver	Personal Care-Relative, 15 Minute Unit	
Personal Care - Members enrolled in the Brain Injury (BI) Waiver	Personal Care, 15 Minute Unit Personal Care-Relative, 15 Minute Unit	T1019 U6 T1019 U6, HR
Personal Care - Members enrolled in the Spinal Cord Injury (SCI) Waiver	Personal Care, 15 Minute Unit Personal Care-Relative, 15 Minute Unit	T1019 U1 SC T1019 U1, SC, HR
Personal Care - Members enrolled in the Supported Living Services (SLS) Waiver	Personal Care, 15 Minute Unit	T1019 U8
Prevocational Services - Members enrolled in the Developmental Disabilities (DD) Waiver	15 Minute Unit Level 1 Level 2 Level 3 Level 4 Level 5 Level 6	T2015 U3, HQ T2015 U3, 22, HQ T2015 U3, TF, HQ T2015 U3, TF, 22, HQ T2015 U3, TG, HQ T2015 U3, TG, 22, HQ
Prevocational Services - Members enrolled in the Supported Living Services (SLS) Waiver	15 Minute Unit Level 1 Level 2 Level 3 Level 4 Level 5 Level 6	T2015 U8, HQ T2015 U8, 22, HQ T2015 U8, TF, HQ T2015 U8, TF, 22, HQ T2015 U8, TG, HQ T2015 U8, TG, 22, HQ
Residential Habilitation - Members enrolled in the Developmental Disabilities (DD) Waiver	Group Residential - Day Level 1 Level 2 Level 3 Level 4 Level 5 Level 6	T2016 U3, HQ T2016 U3, 22, HQ T2016 U3, TF, HQ T2016 U3, TF, 22, HQ T2016 U3, TG, HQ T2016 U3, TG 22, HQ

	Individual Residential - Day Level 1 Level 2 Level 3 Level 4 Level 5 Level 6 Individual Residential- Host Home, Day Level 1 Level 2 Level 3 Level 4 Level 5 Level 6	T2016 U3 T2016 U3, 22 T2016 U3, TF T2016 U3, TF, 22 T2016 U3, TG T2016 U3, TG, 22 T2016 U3, TT T2016 U3, 22, TT T2016 U3, TF, TT T2016 U3, TF, 22, TT T2016 U3, TG, TT T2016 U3, TG, 22, TT
Respite Care - Members enrolled in the Elderly, Blind, or Disabled (EBD) Waiver	Respite-Alternative Care Facility (ACF), Day In-Home Respite 15- Minute, Unit Respite-Nursing Facility, Day	S5151 U1 S5150 U1 H0045 U1
Respite Care - Members enrolled in the Community Mental Health Services (CMHS) Waiver	Respite -Alternative Care Facility (ACF), Day Respite-Nursing Facility, Day	S5151 UA H0045 UA
Respite Care - Members enrolled in the Brain Injury (BI) Waiver	In-Home Respite 15- Minute Unit Respite-Nursing Facility, Day	S5151 U6 H0045 U6
Respite Care - Members enrolled in the Spinal Cord Injury (SCI) Waiver	Respite-Alternative Care Facility (ACF), Day In-Home Respite, 15 Minute Unit	S5151 U1, SC S5150 U1, SC H0045 U1, SC

	Respite-Nursing Facility, Day	
Respite Care - Members enrolled in the Supported Living Services (SLS) Waiver	Individual, 15 Minute Unit Individual, Day Group Camp (Group, Overnight)	S5150, U8 S5151, U8 S5151, U8, HQ T2036, U8
Respite Care – Members enrolled in the Children's Extensive Supports (CES) Waiver	Individual, 15-Minute Unit Individual, Day Group Camp (Group, Overnight)	S5150, U7 S5151, U7 S5151, U7, HQ T2036, U7
Respite Care - Members enrolled in the Children's Life Limiting Illness (CLLI) Waiver	Unskilled (4 hours or less), 15 Minute Unit Unskilled (4 hours or more), 15 Minute Unit CNA (4 hours or less), 15 Minute Unit CNA (4 hours or more), 15 Minute Unit Skilled RN, LPN (4 hours or less), 15 Minute Unit Skilled RN, LPN (4 hours or more), 15 Minute Unit	S5150, UD S5151, UD T1005, UD S9125, UD T1005, UD, TD S9125, UD, TD T2037, UD
Respite Care - Members enrolled in the Children's Habilitation Residential Program (CHRP) Waiver	Individual – In Family Home, 15 Minute Unit Individual Day– In Family Home Individual – In Residential Settings, 15 Minute Unit Individual Day– In Residential Settings	S5150, U9, HA S5151, U9, HA S5150, U9, HI S5151, U9, HI
Specialized Habilitation – Members enrolled in	15 Minute Unit Level 1	T2021 U3, HQ

the Developmental Disabilities (DD) Waiver	Level 2 Level 3 Level 4 Level 5 Level 6 1:1 Individualized Service For all Support Levels 15 Minute Unit	T2021 U3, 22, HQ T2021 U3, TF, HQ T2021 U3, TF, 22, HQ T2021 U3, TG, HQ T2021 U3, TG, 22, HQ S5100 U3
Specialized Habilitation – Members enrolled in the Supported Living Services (SLS) Waiver	15 Minute Unit Level 1 Level 2 Level 3 Level 4 Level 5 Level 6 1:1 Individualized Service For all Support Levels 15 Minute Unit	T2021 U8, HQ T2021 U8, 22, HQ T2021 U8, TF, HQ T2021 U8, TF, 22, HQ T2021 U8, TG, HQ T2021 U8, TG, 22, HQ S5100 U8
Supported Community Connections (SCC) – Members enrolled in the Developmental Disabilities (DD) Waiver	15 Minute Unit Level 1 Level 2 Level 3 Level 4 Level 5 Level 6 Level 7 1:1 Individualized Service For all Support Levels 15 Minute Unit	T2021 U3 T2021 U3, 22 T2021 U3, TF T2021 U3, TF, 22 T2021 U3, TG T2021 U3, TG, 22 T2021 U3, SC S5100 U3, HB
Supported Community Connections (SCC) – Members enrolled in the Supported Living Services (SLS) Waiver	15 Minute Unit Level 1 Level 2 Level 3 Level 4	T2021 U8 T2021 U8, 22 T2021 U8, TF T2021 U8, TF, 22

	<p>Level 5 Level 6</p> <p>1:1 Individualized Service For all Support Levels 15 Minute Unit</p>	<p>T2021 U8, TG T2021 U8, TG, 22</p> <p>S5100 U8, HB</p>
<p>Supported Employment – Members enrolled in the Developmental Disabilities (DD) Waiver</p>	<p>Job Coaching – Group Level 1 Level 2 Level 3 Level 4 Level 5 Level 6</p> <p>Job Coaching-Individual</p> <p>Job Development – Group</p> <p>Job Development, Individual-Levels 1-2 Job Development, Individual-Levels 3-4 Job Development, Individual-Levels 5-6</p>	<p>T2019 U3, HQ T2019 U3, 22, HQ T2021 U3, TF, HQ T2021 U3, TF, 22, HQ T2021 U3, TG, HQ T2021 U3, TG, 22, HQ</p> <p>T2019 U3, SC</p> <p>H2023 U3, HQ</p> <p>H2023 U3</p> <p>H2023 U3, 22</p> <p>H2023 U3, TF</p>
<p>Supported Employment – Members enrolled in the Supported Living Services (SLS) Waiver</p>	<p>Job Coaching – Group Level 1 Level 2 Level 3 Level 4 Level 5 Level 6</p> <p>Job Coaching-Individual</p>	<p>T2019 U8, HQ T2019 U8, 22, HQ T2021 U8, TF, HQ T2021 U8, TF, 22, HQ T2021 U8, TG, HQ T2021 U8, TG, 22, HQ</p> <p>T2019 U8, SC</p>

	Job Development – Group	H2023 U8, HQ
	Job Development, Individual-Levels 1-2	H2023 U8
	Job Development, Individual-Levels 3-4	H2023 U8, 22
	Job Development, Individual-Levels 5-6	H2023 U8, TF
<i>Supported Living Program – Members enrolled in the Brain Injury (BI) Waiver</i>	<i>Day</i>	
	<i>Tier 1</i>	<i>T2033 U6, TU</i>
	<i>Tier 2</i>	<i>T2033 U6 HB, TU</i>
	<i>Tier 3</i>	<i>T2033 U6 HE, TU</i>
	<i>Tier 4</i>	<i>T2033 U6 HK, TU</i>
	<i>Tier 5</i>	<i>T2033 U6 HB, HE, TU</i>
	<i>Tier 6</i>	<i>T2033 U6 HB, HK, TU</i>

Billing Procedures for Claims Paid to Date (except ACF and SLP Services):

- Providers who deliver the services listed above in the table will need to adjust claims submitted and paid with Dates of Service on or after April 1, 2021. Claims do not need to be voided, just adjusted to the new rate indicated above. [Follow this link](#) to the Quick Sheet on how to Copy, Adjust, or Void a Claim.
- Providers should contact the Gainwell Technologies Provider Call Center at 1-844-235-2387 with questions about how to adjust a claim.

Billing Procedures for New Claims (except ACF and SLP Services):

- Providers should bill according to the rates outlined above and in the published fee schedule.

Over Cost Containment (OCC)

If the average daily cost for a PAR exceeds the \$285 OCC amount due to the increased rates, the case manager does not need approval from Telligen.

SLS Waiver Revisions: CCB Case Managers Only

- Should SLS PARs suspend for Error Message B015 as a result of any revisions, allow one day for resolution through the system. If still not resolved, contact the

CCMHelpdesk@dxc.com to request a data fix, which may require Department review and approval.

Billing Procedures for ACF and SLP (T2031/T2033) Services

- ***Providers do not need to adjust claims for ACF and SLP services in order to get the rate increase.***
- ***In order to get the increase, providers must bill a supplemental, temporary code to get the differential between the amount paid for the original DOS and the rate increase. The Department will load these codes onto each impacted PAR.***
 - ***Steps necessary before providers bill temporary codes:***
 - ***Provider checks Prior Authorizations for presence of supplemental, temporary code, or verifies its existence by contacting the Provider Services Call Center at 1-844-235-2387.***
 - ***Example billing for ACF/SLP (T2031/T2033):***

Example for T2031:	Per Diem Rate for DOS 4/1/21-6/30/21	Days of Service	Total for the month
Claim 1: T2031 UA	\$64.89	30	\$1946.70
Claim 2: T2031 UA, TU	\$1.37	30	\$41.10
Example for T2031:	Per Diem Rate for DOS 7/1/21-3/31/22	Days of Service	Total for the month
Claim 1: T2031 UA	\$66.51	30	\$1995.30
Claim 2: T2031 UA, TU	\$1.40	30	\$42.10

- *Providers should start checking for the existence of this temporary code beginning November 19, 2021.*
- *The earliest Date of Service for which these codes can be billed is April 1, 2021.*

Billing Information for NMT Providers

- *The enhanced rates will be available for billing beginning November 19 2021.*
- *Providers who deliver NMT will need to adjust claims submitted and paid with Dates of Service on or after April 1, 2021. Claims do not need to be voided, just adjusted to the new rate indicated above. [Follow this link](#) to the Quick Sheet on how to Copy, Adjust, or Void a Claim.*
- *Providers should contact the Gainwell Technologies Provider Call Center at 1-844-235-2387 with questions about how to adjust a claim.*

Attachment(s)

None

Department Contact:

HCPF_HCBS_Questions@state.co.us